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Pharmacist's Letter
Hospital

Don't Be Surprised to See Buprenorphine for Chronic Pain

You'll see **growing interest in buprenorphine (*Belbuca*, *Butrans*, etc) for chronic pain**...partly to reduce opioid risks.

Buprenorphine is a partial agonist at mu-opioid receptors...and an ANTagonist at other opioid receptors.

That's why it seems to hit a ceiling that limits respiratory depression...may cause less euphoria compared to full opioid agonists (morphine, etc)...and may have less potential for misuse.

Plus buprenorphine seems similarly effective to other opioids.

But buprenorphine can still be misused...or lead to overdose.

For chronic noncancer pain, continue to emphasize NON-opioids, physical therapy, etc. See our toolbox, Appropriate Opioid Use.

If an opioid is needed, suggest starting with or switching to buprenorphine when a full opioid agonist may not be a good fit.

For example, think of buprenorphine for a patient with chronic pain at risk of respiratory depression due to COPD...or a patient with chronic pain AND opioid use disorder.

Stay alert for product and dosing mix-ups.

Belbuca BID buccal films or *Butrans* weekly patches are dosed in MICROgrams. Lean toward these for patients who are opioid-naive or on lower opioid doses.

Sublingual buprenorphine/naloxone (*Suboxone*, etc) combos are dosed in MILLIgrams. Expect to see these used if a higher opioid dose is needed...such as patients who also have opioid use disorder.

Also weigh cost and payer coverage. *Belbuca* or *Butrans* costs about $400/month or more versus about $200 for generic buprenorphine/naloxone.

When switching to *Belbuca* or *Butrans*, product labels say to taper the current opioid...to avoid precipitating withdrawal.

If that's not practical, suggest stopping the current opioid in the PM and starting buprenorphine the next AM. Anticipate meds to manage withdrawal (clonidine, etc) to be added for a few days when switching.

Keep in mind, an "X" DEA number isn't needed when buprenorphine is prescribed for pain alone.

Continue to recommend or provide rescue naloxone.

Use our FAQ, Buprenorphine for Chronic Pain, for more dosing and switching guidance...and how to manage acute or breakthrough pain.

Key References:

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-Pain Med. 2021 May 21;22(5):1109-1115
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-JAMA. 2016 Apr 19;315(15):1624-45
-Medication pricing by Elsevier, accessed Oct 2021

Cite this document as follows: Article, Don't Be Surprised to See Buprenorphine for Chronic Pain, Hospital Pharmacist's Letter, November 2021

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Pharmacist's Letter. November 2021, No. 371106

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